יולי 2026

Piperacillin/Tazobactam - Fresenius 2 g/0.25 g

פיפרצילין/טזובקטם פרזניוס – 2 גר'/0.25 גר'

Piperacillin (as sodium salt)	2.0 g/vial
Tazobactam (as sodium salt)	0.25 g/vial

Powder for solution for infusion

Piperacillin/Tazobactam - Fresenius 4 g/0.5 g

פיפרצילין/טזובקטם פרזניוס – 4 גר'/0.5 גר'

Piperacillin (as sodium salt)	4.0 g/vial
Tazobactam (as sodium salt)	0.5 g/vial

Powder for solution for infusion

רופא/ה, רוקח/ת נכבד/ה,
חברת ניאופרם (ישראל) 1996 בע"מ מבקשת להודיע על עדכון העלון לרופא של התכשיר שבנדון. העלון עודכן בתאריך יולי 2026.

ההתוויה הרשומה לתכשיר בישראל:
- Treatment of systemic and/or local infections caused by susceptible organisms.
- Piperacillin/tazobactam in combination with an aminoglycoside is indicated for the treatment of suspected bacterial infections in neutropenic adults and children above 2 years.
- Appendicitis complicated by rupture with peritonitis and/or abscess formation in children aged 2-12 years.

מקרא לעדכונים המסומנים:
מידע שהוסר -מסומן בקו אדום חוצה ~~XXX~~
תוספת -כתב **כחול**
תוספת החמרה - כתב **כחול** -מסומן בצהוב מרקר

עדכונים מהותיים נעשו בסעיפים הבאים בעלון לרופא:

4.4 Special warnings and precautions for use

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There have been reports of hypersensitivity reactions which progressed to Kounis syndrome (acute allergic coronary arteriospasm that can result in myocardial infarction, see section 4.8).

…

Rhabdomyolysis has been reported with the use of Piperacillin/Tazobactam. If signs or symptoms of rhabdomyolysis are observed, Piperacillin/Tazobactam should be discontinued and appropriate therapy initiated.

4.8 Undesirable effects

System Organ Class	Very common (≥ 1/10)	Common (≥ 1/100 to < 1/10)	Uncommon (≥ 1/1,000 to < 1/100)	Rare (≥ 1/10,000 to < 1/1,000)	Frequency not known (cannot be estimated from available data)
		(…)			
Cardiac disorders					Kounis syndrome*,**

		(…)			
Skin and subcutaneous tissue disorders		Rash, pruritus	Erythema Multiforme*, Urticaria, rash Maculo-papular	Toxic Epidermal Necrolysis*	Stevens-Johnson Syndrome*, dermatitis exfoliative, drug reaction with eosinophilia and systemic symptoms (DRESS)*, acute generalized exanthematous pustulosis (AGEP)*, dermatitis bullous, purpura Linear IgA disease*
Musculoskeletal and connective tissue disorders			arthralgia, myalgia		Rhabdomyolysis*
		(…)			

**Acute coronary syndrome associated with an allergic reaction.

5.1 Pharmacodynamic properties

…

Susceptibility testing breakpoints

MIC (minimum inhibitory concentration) interpretive criteria for susceptibility testing have been established by the European Committee on Antimicrobial Susceptibility Testing (EUCAST) for Piperacillin-tazobactam and are listed here: https://www.ema.europa.eu/documents/other/minimum-inhibitory-concentration-mic-breakpoints_en.xlsx

~~**Breakpoints**~~

~~**EUCAST Clinical MIC Breakpoints for Piperacillin / Tazobactam (EUCAST Clinical Breakpoint Table Version 10.0, valid from 2020-01-01)**~~
~~**For Susceptibility Testing Purposes, the Concentration of Tazobactam is Fixed at 4 mg/l**~~

~~**Pathogen**~~	~~**Species-related breakpoints (S≤/R>) ,mg/L of piperacillin**~~
~~*Enterobacterales* (formerly Enterobacteriaceae)~~	~~8/16~~
~~Pseudomonas *aeruginosa*~~	~~≤0.001/16 [1]~~
~~*Staphylococcus* species~~	~~[2]~~
~~*Enterococcus* species~~	~~[3]~~
~~*Streptococcus* Groups A,B,C,and G~~	~~[4]~~
~~*Sreptococcus pneumoniae*~~	~~[5]~~

~~Viridans group streptococci~~	~~6~~
~~*Haemophilus influenza*~~	~~0.25/0.25~~
~~*Moraxella catarrhalis*~~	~~7~~
~~Gram- positive anaerobes (except *Clostridioides difficile*)~~	~~8/16~~
~~Gram- negative anaerobes~~	~~8/16~~
~~Non-species related (PK/PD) breakpoints~~	~~4/16~~

~~[1] For several agents, EUCAST has introduced breakpoints which categorise wild-type organisms (organisms without phenotypically detectable acquired resistance mechanisms to the agent) as "Susceptible, increased exposure (I)" instead of "Susceptible, standard dosing regimen (S)". Susceptible breakpoints for these organism-agent combinations are listed as arbitrary, "off scale" breakpoints of S ≤ 0.001 mg/L.~~

~~[2] Most staphylococci are penicillinase producers, and some are methicillin resistant. Either mechanism renders them resistant to benzylpenicillin, phenoxymethylpenicillin, ampicillin, amoxicillin, piperacillin and ticarcillin. Staphylococci that test susceptible to benzylpenicillin and cefoxitin can be reported susceptible to all penicillins. Staphylococci that test resistant to benzylpenicillin but susceptible to cefoxitin are susceptible to β-lactamase inhibitor combinations, the isoxazolylpenicillins (oxacillin, cloxacillin, dicloxacillin and flucloxacillin) and nafcillin. For agents given orally, care to achieve sufficient exposure at the site of the infection should be exercised. Staphylococci that test resistant to cefoxitin are resistant to all penicillins. Ampicillin susceptible *S. saprophyticus* are *mecA*-negative and susceptible to ampicillin, amoxicillin and piperacillin (without or with a beta-lactamase inhibitor).~~

~~[3] Susceptibility to ampicillin, amoxicillin and piperacillin (with and without beta-lactamase inhibitor) can be inferred from ampicillin. Ampicillin resistance is uncommon in *E. faecalis* (confirm with MIC) but common in *E. faecium*.~~

~~[4] The susceptibility of *Streptococcus* groups A, B, C and G to penicillins is inferred from the benzylpenicillin susceptibility with the exception of phenoxymethylpenicillin and isoxazolylpenicillins for *Streptococcus* group B. *Streptococcus* groups A, B, C and G do not produce beta-lactamase. The addition of a beta-lactamase inhibitor does not add clinical benefit.~~

~~[5] The oxacillin 1 µg disk screen test or a benzylpenicillin MIC test shall be used to exclude beta-lactam resistance mechanisms. When the screen is negative (oxacillin inhibition zone ≥20 mm, or benzylpenicillin MIC ≤0.06 mg/L) all beta-lactam agents for which clinical breakpoints are available, including those with "Note" can be reported susceptible without further testing, except for cefaclor, which if reported, should be reported as "susceptible, increased exposure" (I). *Streptococcus pneumoniae* do not produce beta-lactamase. The addition of a beta-lactamase inhibitor does not add clinical benefit. Susceptibility inferred from ampicillin (MIC or zone diameter).~~

~~[6] For isolates susceptible to benzylpenicillin, susceptibility can be inferred from benzylpenicillin or ampicillin. For isolates resistant to benzylpenicillin, susceptibility is inferred from ampicillin.~~

~~[7] Susceptibility can be inferred from amoxicillin-clavulanic acid.~~

העלון לרופא נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות , וניתן לקבלו מודפס על ידי פניה לבעל הרישום
ניאופרם (ישראל) 1996 בע"מ, בנין ניאופרם, רח' השילוח 6 ת.ד. 7063 פתח-תקוה 4917001 ,
טלפון: 03-9373737 , פקס: 03-9373770.

בברכה,

עוז וולך, רוקח ממונה של בעל הרישום